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 10519 U.S. PTO  
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09/21/99

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	0039-7369-2S
	First Inventor or Application Identifier	Nobutaka SHINOHARA, et al.
	Title	SERIAL TRANSMISSION PATH SWITCHING SYSTEM

<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents</small>	<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small>  2. <input checked="" type="checkbox"/> Specification <span style="float: right;">Total Pages <span style="border: 1px solid black; padding: 0 10px;">40</span></span>  3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="float: right;">Total Sheets <span style="border: 1px solid black; padding: 0 10px;">7</span></span>  4. <input checked="" type="checkbox"/> Oath or Declaration <span style="float: right;">Total Pages <span style="border: 1px solid black; padding: 0 10px;">2</span></span> a. <input checked="" type="checkbox"/> Newly executed (original) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) <small>(for continuation/divisional with box 15 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).  5. <input type="checkbox"/> Incorporation By Reference <small>(usable if box 4B is checked)</small> The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4B, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	<b>ACCOMPANYING APPLICATION PARTS</b>  6. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 7. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small> 8. <input type="checkbox"/> English Translation Document <small>(if applicable)</small> 9. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 10. <input type="checkbox"/> Preliminary Amendment 11. <input checked="" type="checkbox"/> White Advance Serial No. Postcard 12. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application. Status still proper and desired. 13. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (3) <small>(if foreign priority is claimed)</small> 14. <input checked="" type="checkbox"/> Other: Notice of Priority
15. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)    of prior application no.: Prior application information:    Examiner:    Group Art Unit:	
16. Amend the specification by inserting before the first line the sentence: <input type="checkbox"/> This application is a <input type="checkbox"/> Continuation <input type="checkbox"/> Division <input type="checkbox"/> Continuation-in-part (CIP) of application Serial No.    Filed on  <input type="checkbox"/> This application claims priority of provisional application Serial No.    Filed	
<b>17. CORRESPONDENCE ADDRESS</b>  OBLON, SPIVAK, MCCLELLAND, MAIER & NEUSTADT, P.C. FOURTH FLOOR 1755 JEFFERSON DAVIS HIGHWAY ARLINGTON, VIRGINIA 22202 (703) 413-3000 FACSIMILE: (703) 413-2220	

Name:	Marvin J. Spivak	Registration No.:	24,913
Signature:			Date: 9/21/99
Name:	C. Irvin McClelland	Registration No.:	

Registration Number 21,124

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Docket No. 0039-7369-2S

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Nobutaka SHINOHARA, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: SERIAL TRANSMISSION PATH SWITCHING SYSTEM

FEE TRANSMITTAL

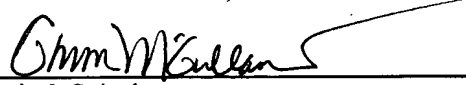
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WASHINGTON, D.C. 20231

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	20 - 20 =	0	× \$18 =	\$0.00
INDEPENDENT CLAIMS	1 - 3 =	0	× \$78 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$260 =	\$0.00
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TOTAL OF ABOVE CALCULATIONS				\$760.00
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TOTAL				\$800.00

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- ☒ A check in the amount of \$800.00 to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030.  
A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,  
MAIER & NEUSTADT, P.C.

  
Marvin J. Spivak  
Registration No. 24,913

C. Irvin McClelland  
Registration Number 21,124

Date: 9/21/99

Fourth Floor  
1755 Jefferson Davis Highway  
Arlington, Virginia 22202  
Tel. (703) 413-3000  
Fax. (703) 413-2220  
(OSMMN 11/98)